

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000645

AMENDED

Registration District No.

53

Primary Registration District No.

0000

Registrar's No.

32

STATE FILE NUMBER

FILED JAN 16 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Allenville</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>No Street Address</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Girardeau</u> c. CITY OR TOWN <u>Whitewater</u> d. STREET ADDRESS (If outside, give location) <u>Route</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>Franklin</u> Last <u>Summers</u> | | 4. DATE OF DEATH Month <u>JAN</u> Day <u>4</u> Year <u>1962</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1/30/1893</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and state or country) <u>Burfordsville</u> |
| 12a. FATHER'S NAME <u>Franklin Summers</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY Knapp</u> | 14. NAME OF HUSBAND OR WIFE <u>MARY (died 1956)</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | 17. INFORMANT <u>Glenn Summers</u> Address <u>Cape Girardeau Mo</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - Generalized</u> DUE TO (c) <u>Arteriosclerotic Heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma Urinary Bladder</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>2:55</u> a.m. <u>PM</u> Month, Day, Year <u>Aug 8, 1961</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Burfordsville</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>Aug 8, 1961</u> to <u>Dec 26, 1961</u> and last saw him alive on <u>Dec 26, 1961</u> Death occurred at <u>2:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Joseph E. Hacker, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Jackson, Mo.</u> | 22c. DATE SIGNED <u>Jan 9, 1962</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1/6/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>McGuire</u> | 23d. LOCATION (City, town, or county) (State) <u>Burfordsville Mo.</u> |
| 24. FUNERAL DIRECTOR <u>McCombs</u> ADDRESS <u>Jackson, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-10-62</u> | 26. REGISTRAR'S SIGNATURE <u>Glenn Kasten</u> |

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce Mackins

Licensed Embalmer No. 5097

P. O. Address Jackson - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.